



WAIVER AND ACKNOWLEDGEMENT

As a participant or spectator at today’s event, I recognize and acknowledge that the activities I will be engaging in involve a risk of personal injury to myself and others. Nevertheless, I am voluntarily participating as a participant or spectator with knowledge of the possible danger involved. **I hereby voluntarily assume and accept any and all risks of injury to me or any other person that may result from my activities as a spectator or participant, regardless of how such injury may arise and regardless of who is at fault or negligent.**

I understand and agree that by signing this Waiver and Acknowledgement I am releasing and discharging Arena Operating Company, Ltd. d/b/a/BankAtlantic Center, PHGP, LLC; Florida Panthers Hockey Club, Ltd.; Arena Development Company, Ltd.; Panther Hockey, LLLP; Panthers Hockey, LC; Broward County and Broward County Board of Commissioners, the respective affiliates, officials, officers, directors, partners, shareholders, agents, contractors and employees (collectively, the “Other Beneficiaries”) as **additional insureds**, from any and all claims demands, or causes of action are based on fault or negligence or not.

I acknowledge that although I have signed this waiver and have elected to attend this event, I am not an employee of any Releasees, and therefore, I am not covered by any workers’ compensation insurance or by any insurance of any type that may have been obtained by any of the Releasees.

I have read this Waiver and Acknowledgement carefully and fully understand its contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks I am assuming, which include, without limitation, the risk of injury or death regardless of how it occurs and even if it results from the neglect or fault of the Releasees.

I have read and understand the foregoing release and sign it voluntarily.

Signature of spectator/participant

Signature of PARENT OR GUARDIAN
(If spectator/participant is a minor, under age 18)

Name of spectator/participant
(Please Print)

Name of PARENT OR GUARDIAN
(Please Print)

Address

Address

City & State

City & State

Date: _____